



Command/Organization \_\_\_\_\_ Unit Allocation # \_\_\_\_\_

I know that participating in the Amazing MWR Race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I, the undersigned hereby remise, release, and forever discharge the United States of America and all agents, representatives and employees thereof, and their successors from any and all claims and damages whatsoever which I, my heirs, their executors and administrators have or may have against the said United States of America, its agents, representatives or employees, by reason of any damages or injuries which may be incurred by myself while running this race or in any activities sponsored by this race. I agree that if administered aid in a medical facility, I will pay the current published rates for this aid. In witness whereof, I have here unto set my hand and seal this date

Team Captain \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Team Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Team Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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